Rogue Valley Area Commission on Transportation Application

Position you are applying for: _____

Name: _____

Home Address: _____

Phone: _____

Occupation: _____

Business Address: _____

Email Address: _____

1. In which County do you reside?

☐ Jackson ☐ Josephine

2. Have you resided within this area for at least one year immediately preceding this application?

☐ Yes ☐ No

3. How did you learn about this vacancy?

Newspaper ☐ Word of Mouth ☐

Notice by Mail ☐ Other (specify) _____

4. What experience/training do you have that qualifies you for this particular appointment and what specific contributions do you hope to make?

5. Please give a brief description of your involvment in community groups and activities.

6. Please list transportation topics of particular concern to you that relate to this appointment.

7. Please list your reasons for wishing to be appointed.

Signature of Applicant _____ Date _____

Return completed application to:

Rogue Valley Council of Gonvernments
Pat Foley
P.O. Box 3275
Central Point, OR 97502
pfoley@rvcog,org
Fax: 541-664-7927

Information on this form is public information.
Thank you for your interest in serving the community.